

**OFFICE OF PERSONNEL MANAGEMENT  
CATASTROPHIC LEAVE BANK PROGRAM  
DONATION OF SICK AND ANNUAL LEAVE**

Authorized by A.C.A. §§ 21-4-203, 21-4-214, 6-63-601 & 6-63-602

**PLEASE TYPE OR  
PRINT LEGIBLY**

**INSTRUCTIONS**

1. **Employee:** Complete and sign Part I and forward to your timekeeper. Accrued leave may be donated in one (1) hour increments only.
2. **Timekeeper:** Complete and sign Part II and forward to your Agency/Institution Personnel Officer.
3. **Personnel Officer:** Complete and sign Part III and forward to Agency/Institution Director/Designee for approval.
4. **Director/Designee:** Sign and return original to Agency/Institution Personnel Officer for processing.
5. **Personnel Officer:** Submit approval original to OPM, Room 201, DFA Bldg., P.O. Box 3278, Little Rock, AR 72203

**PART I – COMPLETED BY DONOR**

Name of Donor (Last, First, Middle Initial)	Position Number	Social Security Number
Agency/Institution		Personnel Number
Amount of Annual Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated

**CERTIFICATION OF VOLUNTARY DONATION**

**I Certify that:**

1. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my Annual or Sick Leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Annual or Sick Leave Totals.
2. I am a regular full-time employee of said agency/institution and I am being compensated on a full-time basis.
3. This leave time donation will not reduce my combined Annual and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement.)

Signature of Donor	Date
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**PART II – COMPLETED BY DONOR'S TIMEKEEPER**

Annual Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation	Effective Date of Balance
Timekeeper's Name	Timekeeper's Signature	Phone Number

**PART III – COMPLETED BY AGENCY/INSTITUTION PERSONNEL/PAYROLL OFFICER**

Donor's Employment Status <input type="checkbox"/> FULL-TIME <input type="checkbox"/> RETIREMENT <input type="checkbox"/> TERMINATION	Total Leave Hours Donated	Donor's Hourly Rate of Pay	Dollar Value of Donation
Signature of Authorized Agency/Institution Representative/Designee			Date

**PART IV – APPROVAL OF AGENCY/INSTITUTION DIRECTOR/DESIGNEE**

Signature of Authorized Agency/Institution Director/Designee	Date
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**PART V – RETURN TO AGENCY/INSTITUTION PERSONNEL OFFICER FOR PROCESSING TO OPM**

Signature of Authorized Agency/Institution Director/Designee	Date
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**PART VI – COMPLETED BY OPM CLB RECORD KEEPER**

Return original To: OPM Catastrophic Leave Bank 201 DFA Building, 1509 W. Seventh Little Rock, AR 72203-3278	Credit Date for Donated Leave	Signature of OPM CLB Record Keeper
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